

1. CIR./DIST/ DIV. CODE	2. PERSON REPRESENTED <i>Ghenet meru Mesfun</i>		VOUCHER NUMBER		
3. MAG. DKT/DEF. NUMBER	4. DIST. DKT/DEF. NUMBER <i>205-858CR</i>	5. APPEALS DKT/DEF. NUMBER	6. OTHER DKT. NUMBER		
7. IN CASE/MATTER OF (Case Name) <i>U.S. v. Ghenet mesfun</i>	8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other:	10. REPRESENTATION TYPE (See Instructions) <i>CC</i>		
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. <i>consp. to defraud U.S. 18:371 ; bring harbor aliens 8:1324 ; sale into involun-</i> <i>tary servitude. 18:1584</i>					
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS <i>Stephen Turano 50 Park Place, Suite 1400 Newark, NJ 07102 Telephone Number: (973) 236-0119</i>		13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney  Prior Attorney's Name: <i>Chester Kellen</i>			
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)		15. APPOINTMENT DATE: <i>12/18/2005</i>			
		16. SIGNATURE OF PRESIDING JUDICIAL OFFICER OR BY ORDER OF THE COURT <i>14 July 2005</i>			
		17. DATE OF ORDER <i>6/3/08</i>			
		18. NUNC PRO TUNC DATE Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO			
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: _____ TO: _____					
20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION					
21. CASE DISPOSITION					
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements.					
Signature of Attorney _____ Date _____					
23. IN COURT COMP. 24. OUT OF COURT COMP. 25. TRAVEL EXPENSES 26. OTHER EXPENSES 27. TOT. AMT. APPR./CERT.					
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER DATE 28a. JUDGE/MAG. JUDGE CODE					
29. IN COURT COMP. 30. OUT OF COURT COMP. 31. TRAVEL EXPENSES 32. OTHER EXPENSES 33. TOTAL AMT APPROVED					
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount. DATE 34a. JUDGE CODE					